



**OFFICE OF COMMUNITY SERVICES (OCS)  
DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS  
STATE OF HAWAII**

**CAPITAL IMPROVEMENT PROJECT (CIP)  
GRANT-IN-AID GUIDELINES**

The Legislature makes appropriations for grants in accordance of the Hawaii Revised Statutes (HRS), Chapter 42F. Grants are made to support the activities of the recipient and benefit the community. There are two types of grants made by the Legislature: Operating and Capital Improvement Project (CIP) grants.

Once a CIP grant is approved by the Legislature, the Executive Branch is responsible for executing the grant.

This document provides information about the process that the Office of Community Services uses to administer CIP grants. It is provided as a guide to grantees to understand the requirements of being awarded state funds under the law as well as the process involved to obtain and expend these funds.

**Key items:**

1. In accordance with Hawaii Revised Statutes §42F-104, a contract needs to be executed to administer the grant funds.
2. Funds must be released and contracted before it lapses. Any unencumbered funds shall lapse at the end of the fiscal biennium for which the appropriation is made. For more detail, please call 586-8686.
3. All grants are contracted on a cost-reimbursement basis. Grantees must first expend funds then seek reimbursement from OCS with documentation (e.g., receipts, invoices). Expenses must be incurred during the period of performance of the contract.
4. Periodic program and fiscal reports are required for payments to be processed.
5. Equipment purchased using grant funds becomes the property of the State.
6. If funds are used for the acquisition of land, when the organization discontinues the services on the land acquired for which the fund was awarded, the organization shall repay the State for the funds used for the land acquisition. This restriction must be registered with the Bureau of Conveyances as an encumbrance on the property.
7. If the Grantee has multiple sources of funding, the state funds shall be utilized last.

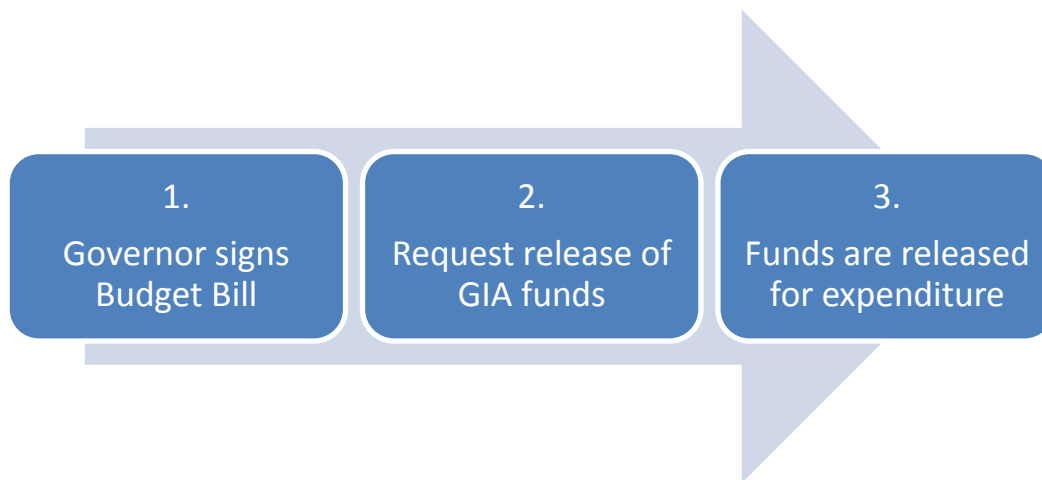
The three (3) stages for CIP grant administration are:

1. Release of Funds
2. Contract Process
3. Contract Administration

Sample documents and forms are available online at: <http://labor.hawaii.gov/ocs/service-programs-index/gia/>

# 1 RELEASE OF FUNDS

The first stage is to *secure the Governor's approval to release the CIP funds* so that a contract can be executed. While the budget approved by the Legislature includes a list of GIAs, the Governor's approval is needed to release the funds for expenditures. The funds are subject to the Governor's Budget Execution Policies and Instructions. The figure and narrative below explain the steps for this stage:



Step 1. The Governor must 1<sup>st</sup> sign the Budget Bill that was passed by the Legislature, which includes authorization of GIAs. The release of funds is subject to the availability of funding and budget execution policies issued by the Department of Budget and Finance. Certain restrictions may apply.

Step 2. OCS contacts each of the Grantees to request the following documents to be submitted as part of the package to request release of funds:

- ☐ Documents to verify that the Grantee meets the **“Standards for the Award of Grants”** in accordance with HRS §42F-103.
  - 1. Is licensed or accredited, in accordance with federal, state, or county statutes, rules, or ordinances, to conduct the activities or provide the services for which the grant is awarded;
  - 2. Complies with all applicable federal and state laws prohibiting discrimination against any person on the basis of race, color, national origin, religion, creed, sex, age, sexual orientation, or disability (*e.g., policy and complaint procedure*);
  - 3. Agrees not to use state funds for entertainment or lobbying activities (*e.g., most recent IRS Form 990, policy statement*);
  - 4. Allows the state agency to which funds for the grant were appropriated for expenditure, legislative committees and their staff, and the auditor full access to your records, reports, files, and other related documents and information for purposes of monitoring, measuring the effectiveness, and ensuring the proper expenditure of the grant (*e.g., records retention policy, most recent IRS Form 990*);
  - 5. Is incorporated under the laws of the State (*e.g., a copy of your organization's Certificate of Good Standing from the Department of Commerce & Consumer Affairs*);

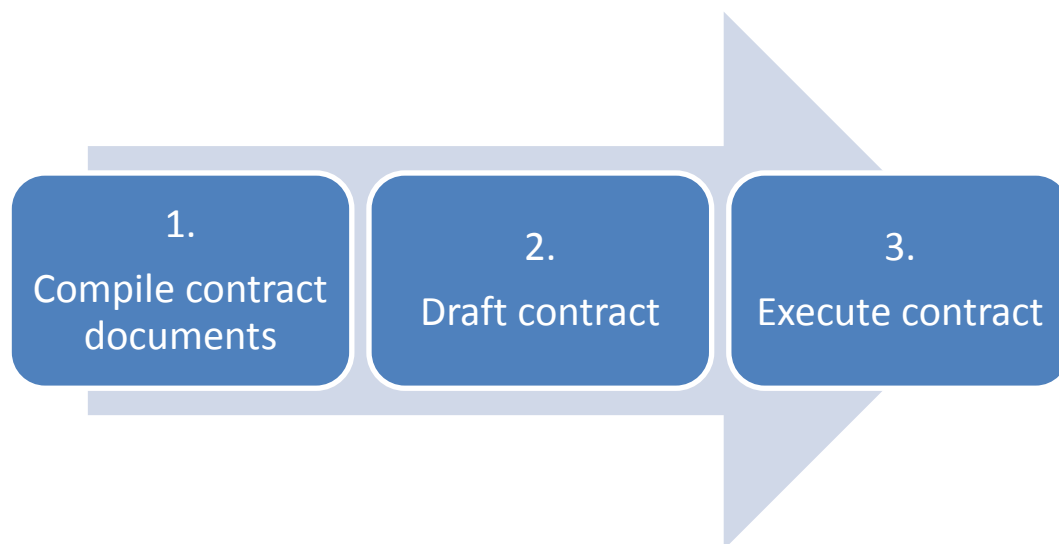
6. Has bylaws or policies that describe the manner in which the activities or services for which the grant is awarded shall be conducted or provided; and
  7. For non-profit organizations:
    - a. Is determined and designated to be a non-profit organization by the Internal Revenue Service (*e.g., a copy of your organization's IRS determination letter or most recent IRS Form 990*); and
    - b. Has a governing board whose members have no material conflict of interest and serve without compensation (*e.g., most recent IRS Form 990, conflict of interest policy/disclosures*).
- ☐ Scope of work together with total project cost, project timeline, and revised budget if applicable.
  - ☐ List and status of other sources of funds for the project, if applicable (CIP GIA Funding Sources Declaration - Attachment A).

Upon receipt of the documents, OCS works with the Attorney General to verify that the Grantee meets the standards. OCS reviews the documents and works with the Grantee to complete the Budget & Finance Form F (Attachment B) and Form PAB (Attachment C) and compiles a final request for release of funds package for processing.

- Step 3. Once the release of funds has been approved by the Governor, his office will issue a notice to the grantee.

## 2 CONTRACTING PROCESS

Once the funds have been released, OCS works with the Grantee to ***execute a contract to expend the funds***, in accordance with HRS §42F-104. All contracts are subject to the availability of funds. The contracting process can take approximately one (1) month.



Step 1. To begin contracting, the Grantee needs to provide to OCS the following documents [Note: The Grantee's name needs to consistently reflect the name specified on the grant application submitted to the Legislature on all documents.]:

- ☐ Certificate of liability insurance from the Grantee's insurance agency providing as follows:
  - (a) The Grantee shall maintain in full force and effect during the life of this contract, liability and property damage insurance to protect the Grantee and his subcontractors, if any, from claims for damages for personal injury, accidental death and property damage which may arise from operations under this contract, whether such operations be by himself or by a subcontractor or anyone directly or indirectly employed by either of them. If any subcontractor is involved in the performance of the contract, the insurance policy or policies shall name the subcontractor as additional insured.
    - a. As an alternative to the Grantee providing insurance to cover operations performed by a subcontractor and naming the subcontractor as additional insured, the Grantee may require subcontractor to provide its own insurance which meets the requirements herein. It is understood that a subcontractor's insurance policy or policies are in addition to the Grantee's own policy or policies.
  - (b) the following minimum insurance coverage(s) and limit(s) shall be provided by the Grantee, including its subcontractor(s) where appropriate:
    - a. Commercial General Liability - \$2,000,000 per occurrence
    - b. Professional Liability - \$2,000,000 per occurrence
    - c. Builder's Risk Policy - \$20,000

- (c) Each insurance policy required by this contract shall contain the following clauses:
  - a. “This insurance shall not be canceled, limited in scope of coverage or non-renewed until after thirty (30) days written notice has been given to the State of Hawaii, Department of Accounting and General Services, State Procurement Office, P.O. Box 119, Honolulu, HI 96810-0119.”
  - b. “It is agreed that any insurance maintained by the State of Hawaii will apply in excess of, and not contribute with, insurance provided by this policy.”
- (d) additionally insuring the State of Hawaii and the Office of Community Services, their officers, employees, and agents for any liability arising out of resulting from occurrences connected with the Grantee’s performance under the contract;
- (e) failure of the Grantee to provide and keep in force such insurance shall be regarded as material default under this contract, entitling the State to exercise any or all of the remedies provided in this contract for a default of the Grantee.
- (f) the period of coverage of the liability insurance shall cover the entire period of the contract, unless the State grants a waiver; and
- (g) the contract identification number shall be identified on the certificate
- ☐ Certificate of Vendor Compliance from Hawaii Compliance Express; or compliance documents from the following agencies:
  - a. Hawaii Department of Taxation
  - b. Internal Revenue Service
  - c. Hawaii Department of Commerce and Consumer Affairs
  - d. Hawaii Department of Labor & Industrial Relations
- ☐ A copy of the document showing the duly designated person who has the authority to sign contract on behalf of the Grantee.
- ☐ The Grantee’s State and Federal Tax identification numbers.
- ☐ A copy of the Grantee’s letterhead or invoice showing its mailing address.

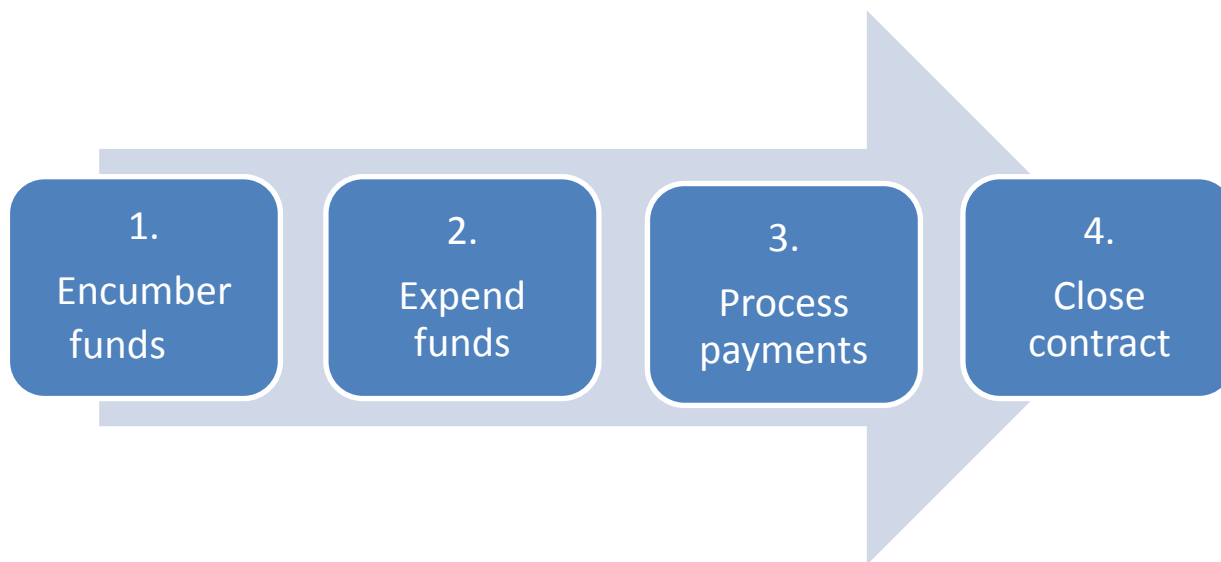
Step 2. OCS will then prepare draft contract documents with the Grantee. Once the draft contract package is compiled, it will be routed for approval by the AG. Upon approval, OCS sends two (2) copies of the contract documents to the Grantee for signature.

Step 3. The Grantee’s duly designated person signs both copies of the contract and has them notarized, then returns the signed contracts to OCS. The OCS Executive Director, AG, and DLIR Director will then sign the contract. Once executed, OCS returns an original to the Grantee for file.

The contract is considered executed when signed by the DLIR Director.

### 3 CONTRACT ADMINISTRATION

Once the contract is executed, OCS begins contract administration to expend funds according to the contract.



- Step 1. OCS sends a copy of the executed contract and required encumbrance forms to DAGS to encumber the contract (i.e., set aside the funds committed by the contract) so that expenditures may begin. This process takes up to one (1) month.
- Step 2. In order to expend grant funds, the Grantee completes and submits periodic quarterly fiscal and program reports. Forms are provided by OCS (Forms 300, 310, and the Program Activity Status Report – Attachment D - F). OCS reserves the right to modify these forms or substitute new forms during the course of the grant period. Please note the following:
- If the Grantee has multiple sources of funding for the project, the State of Hawaii shall be utilized as the last source of funding. The Grantee shall submit a written statement certifying that all other funding sources have been exhausted and is requesting reimbursement utilizing State funds (Request for Approval to Expend State CIP GIA – Attachment G).
  - Due Date: Reports (fiscal and program) are due on or before the 30<sup>th</sup> day of the calendar month following the quarter for which the request is made (e.g., By December 30 for expenses incurred in September - November). Reports are due even if activity has not taken place during the reporting period. If no activity has taken place, the report should (a) request \$0 reimbursement, (b) explain why no activity has taken place, and (c) explain what the Grantee is doing to complete the work specified in the contract.
  - Forms may be submitted to the assigned OCS representative **electronically** by email and should be accompanied by pdf copies of the supporting documentation for processing as follows:
    - OCS Form 300 – pdf format
    - OCS Form 310 – pdf format and Excel format
    - Program Activity Status Report – pdf format
  - All requests for payment must be accompanied by **accurate copies of supporting documentation of expenditures (i.e., receipts, invoices)**. The Grantee shall retain all original documentation for its tax, audit, and other purposes. OCS cannot approve requests for payments without proper documentation.

- Prohibition on Deficiency Spending. There shall be no expenditure of funds in excess of amounts appropriated and allotted, nor shall agencies establish positions in excess of the numbers authorized in the budget and allotted, unless otherwise provided by specific legislation and the budget execution policies of the Executive Branch.
- The program progress report shall provide narrative justification of the expenditures and financial obligations.
- The State will hold 10% retention of the funds until the Project is completed and required certificates are submitted to the State.
- The Grantee must comply with the procurement requirements of HRS Chapter 103D. In general, HRS Chapter 103D requires competitive bidding in an open and transparent process, and it obligates the construction contractor to comply with relevant labor and other laws. The Grantee shall request and review a minimum of three (3) written bids and award contract(s) to contractor(s) that are most advantageous to the Grantee for the purpose of these funds.

Step 3. After reviewing and approving the report, OCS processes the request for payment. Payments are made by check and can take up to one (1) month to process.

Option Contract Extension. A grant contract may be extended twice for up to 12 months each beyond the initial expiration date, at the sole discretion of OCS, provided that:

- (a) the original contract provides for extensions;
- (b) the extension is made before the original expiration date or the expiration date of any prior extension;
- (c) there is good cause to extend the contract; and
- (d) the Grantee is continuing to perform its duties under the contract.

Step 4. Contract Closing. When the grant contract between a Grantee and State is completed, the Grantee shall submit to OCS the following documentation in order to process the **final payment within 60 days after the end of the contract:**

- ☐ Certificate of Grantee's liability insurance with State as additional insured;
- ☐ Certificate of Vendor Compliance from Hawaii Compliance Express; or compliance documents from the following agencies:
  - a. Hawaii Department of Taxation
  - b. Internal Revenue Services
  - c. Hawaii Department of Commerce and Consumer Affairs
  - d. Hawaii Department of Labor & Industrial Relations
- ☐ A final program report within 60 days after the end of the contract;
- ☐ Certificate of Completion;
- ☐ Certificate of Acceptance of Facility;
- ☐ Expiration of all Architect's and General Contractor's lien period; and
- ☐ Pictures of completed project

## Attachment A – CIP GIA Funding Sources Declaration

### Capital Improvement Project GIA Funding Sources Declaration

Grantee:	Projected Total Cost:
Project:	
Project Start Date:	Projected Project Completion Date:

I understand the State of Hawaii is to be utilized as the last source of funding. Listed below are all of our sources of funding for this project, the amounts committed and the dates the funds will be available.

List Funding Sources	Amount Committed	Date Funds Available
State of Hawaii		After contract executed and all other funding sources have been utilized

(Please attached commitment letters for the above Funding Sources.)

I certify that the above information is true to the best of my knowledge.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Created June 2017



Attachment B – B&F Form F

1. **Program I.D. and Title:** LBR 903

2. **Expending Agency:** Office of Community Services

3. **Recipient Agency and Brief Description:**

(Describe what the recipient agency does and whether it has been determined by the expending agency to meet the conditions of Section 42F-103, HRS, Standards for the award of grants and subsidies).

4. **Amount of CIP Grant:** \_\_\_\_\_ for FY \_\_\_\_\_

Means of Financing: \_\_\_\_\_  
Act \_\_\_\_, SLH \_\_\_\_\_

5. **Budget Information:**

If you were not awarded the full amount that you requested in your application, please provide an updated budget and narrative for the amount you were awarded above.

6. **Description of Project/Outcomes:**

(Describe:

a. The overall project (include where the project would be located, i.e. whether on private property of government property), the intended target group, and the actual number of persons to be served by the completed project. E.g., a community based home for the developmentally disabled would theoretically serve the entire DD population; however, the project itself would provide 8 beds to accommodate only 8 DD individuals.

b. What are the measurable results expected from the grant at the end of the grant period?

7. **Public Purpose:**

(Describe:

a. The program objective of the department that the CIP supports; if the project does not support the program objective to which funds were appropriated or any

**other program objective of the expending department, include a discussion on which program/department may be more appropriate.**

- b. The extent to which the services provided by the project complement or duplicate services provided by the department, including services provided through purchase of service contracts under Chapter 103F, HRS, Purchases of Health and Human Services.**
- c. A PAB form should be filled out and attached to the request to release CIP funds. Are there any issues identified as a result of the information provided on the PAB form?**

**8. Funding:**

(Describe:

- a. What portion (plan, design, construction, equipment) of the overall project will be funded by the requested release?**
- b. Is the grant intended to purchase land?**
  - i. If yes, how are the conditions contained in Section 42F-103(d) being met?**
- c. Is this grant provides only planning/design funds:**
  - i. What is the total cost of construction and how will the construction phase be funded?**
  - ii. Is there a commitment of non-State grant funds to cover construction costs?**

## Attachment C – Form PAB

(2 sided)

<b>FORM PAB</b> Department of Budget and Finance (rev. 7/94)	<b>Questionnaire - General Obligation Bond Fund Appropriations</b>
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<b>PART 1</b>	<b>Department and Project</b>		
1 Department			
2 Project Name		3 Project CIP no.	
4 Session Law (act no. and year)	5 Program area function	6 Item No.	
7 Project description			

<b>PART 2</b>	<b>Project cost and funding sources</b>		
8 Does this request for funding require general obligation bond fund appropriations? If "no" box is checked, no further information other than signature and date is required.			<input type="checkbox"/> Yes <input type="checkbox"/> No
9 Has any appropriations been made for any portion of Project prior to this request?			<input type="checkbox"/> Yes <input type="checkbox"/> No
10 Funding sources for costs of Project made by this request			
a Direct Federal payment for construction and related capital costs			
b General obligation bond fund appropriations			
c General fund appropriations			
d Other State of Hawaii and county funds			
e Section 501(c)(3) funds			
f Private funds			
g Total capital costs made by this request			

<b>PART 3</b>	<b>Use of general obligation bond fund appropriations and use of Project</b>		
11 Total amount made by this request for each purpose to which general obligation bond fund appropriations will be applied			
a Total construction and related capital costs			
b Total nonconstruction and noncapital State of Hawaii costs			
c Total grants to counties			
d Total grants to Section 501(c)(3) corporations			
e Total grants to private persons and organizations and Federal government			
f Total loans to counties			
g Total loans to Section 501(c)(3) corporations			
h Total loans to private persons and organizations and Federal government			
i Total use of general obligation bond fund appropriations			
12 Total square footage and percentage of use of Project for each purpose to which general obligation bond fund appropriations will be applied			
		Square Footage	Percentage of Total
a Total common area			
b Total area used by State of Hawaii and counties			
c Total area used by Section 501(c)(3) corporations			
d Total area used by private persons and organizations and Federal government in trade or business			
e Total area			

<b>PART 4</b>	<b>Payment of operating and debt service costs, and management, of Project</b>		
13 Will any lease or contract with a concessionaire or vendor be entered into in respect of any portion of the Project? If yes, attach schedule and copy of each contract.			<input type="checkbox"/> Yes <input type="checkbox"/> No
14 Will any lease, incentive payment contract or management contract be entered into in respect of any portion of the Project? If yes, attach schedule and copy of each contract.			<input type="checkbox"/> Yes <input type="checkbox"/> No
15 Will any payment be made (directly or indirectly) by the Federal government or any private person or organization pursuant to contract or other arrangement in respect to any portion of the Project? If yes, attach schedule and copy of each contract.			<input type="checkbox"/> Yes <input type="checkbox"/> No

Name of signer	Signature	Date	Telephone Number

## Instruction for Form PAB

**Who must file this Form PAB.** Anyone requesting any appropriation of general obligation bond fund must file this Form PAB.

**Where to file.** This Form PAB must be filed with the Budget Program Planning and Management Division of the Department of Budget and Finance.

**Purpose.** The purpose of this Form PAB is to elicit information that will enable the State of Hawaii to allocate general obligation bond fund appropriations in a manner that will comply with applicable requirements of Federal income tax law and regulations.

**Line 1.** Enter the name of the Department making the request for general obligation bond fund appropriations.

**Line 2.** Enter the name of the project for which general obligation bond fund appropriations are being requested.

**Line 3.** Enter the CIP number for the project.

**Line 4.** Enter the act no. and year of Session Law Act under which appropriations have been made or are to be made for the project.

**Line 5.** Enter the program area function (e.g., economic development).

**Line 6.** Enter the item number of the project.

**Line 7.** Enter the description of the project (e.g., Waiānae Rental Housing).

**Line 8.** Check the 'yes' box if any portion of the project is to be funded with general obligation bond fund appropriations. Otherwise, check the 'no' box; if the 'no' box is checked, no other information on Form PAB, other than the signature line, is required. Please sign, date and return this Form PAB.

**Line 9.** Check the 'yes' box if any appropriation has been made for any portion of the project prior to this request, and attach the prior Form PAB or schedule containing all relevant details including the date, amount, and Session Law act and year.

**Line 10.** With respect to the appropriations (regardless of the source of such appropriations) made by this request for funding of any portion of the project:

- Enter the amount made or expected to be made by the Federal government including reimbursements, for construction and related construction and acquisition costs in respect of the project.
- Enter the amount funded or expected to be funded from general obligation bond fund appropriations.
- Enter the amount funded or expected to be funded from general fund appropriations.
- Enter the amount funded or expected to be funded by other State of Hawaii funds or county funds.
- Enter the amount funded or expected to be funded by payments from corporations which are classified as section 501(CX3) corporations under the Internal Revenue Code.
- Enter the amount funded or expected to be funded by private persons and organizations.
- Enter the total of the amounts in a, b, c, d, e, and f of Line 10. Attach a schedule containing all details, including amounts and name and address of each person contributing to the funding of the project. Funding as used in this Line 10 means funding for capital and related acquisition items, including land, but does not include funding of operational and maintenance expenses or debt service payments after the in-service date of the project.

**Line 11.** With respect to the general obligation bond fund appropriations made by this request for funding of any portion of the project:

- Enter the total amount made or expected to be made for construction and related construction and acquisition costs of the project.
- Enter the total amount made or expected to be made to pay other State of Hawaii costs (e.g., a judgement claim, a contract settlement payment).
- Enter the total amount of grants made or expected to be made to counties in the State of Hawaii.
- Enter the total amount of grants made or expected to be made to section 501(cX3) corporations.
- Enter the total amount of grants made or expected to be made to private persons and organizations and the federal government.
- Enter the total amount of loans made or expected to be made to counties in the State of Hawaii.
- Enter the total amount of loans made or expected to be made to section 501(cX3) corporations.
- Enter the total amount of loans made or expected to be made to private persons and organizations and the federal government.
- Enter the total of the amounts in a, b, c, d, e, f, g and h of Line 11.

Attach a schedule containing all details, including amounts and name and address of recipients of bond fund appropriations.

**Line 12.** Enter, to the extent applicable (e.g., an office building), the total square footage and percentage of total square footage of the project used by various persons or organizations. All use, including indirect and incidental use, is to be included.

- The total common area (e.g., hallways, parking structure) used by all persons and organizations.
- The total area (excluding the common area) used exclusively by the State of Hawaii and counties in Hawaii.
- The total area (excluding the common area) used exclusively by section 501(cX3) corporations.
- The total area (excluding the common area) used exclusively by private persons and organizations (including concessionaires and vendors) and the Federal government in their trade or business.
- Enter the total of the amounts in a, b, c and d of Line 12.

Attach a schedule containing all details, including a breakdown by area used, and name and address of each user.

**Line 13.** Check the 'yes' box if any lease or contract with a concessionaire or vendor is expected to be entered into in respect of any portion of the project (e.g., vending machines, newsstand, store, pharmacy, pay telephones, onsite laundry services, cafeteria or other food services). Attach a separate schedule containing all relevant details, including the date, the name and address of each concessionaire or vendor, the terms and provisions of the lease or contract, and a copy of the contract.

**Line 14.** Check the 'yes' box if any lease, incentive payment contract or management contract is to be entered into in respect of any portion of the project. Attach a separate schedule containing all relevant details, including the date, the name and address of each party to such lease or contract, the terms and provisions of the lease or contract, and a copy of the lease or contract.

**Line 15.** Check the 'yes' box if any payment is expected to be made (directly or indirectly) by any private person or entity or the Federal government pursuant to contract or other arrangement in respect of any portion of the project. Attach a separate schedule containing all relevant details, including the date, the name and address of each party to such contract or arrangement, the terms and provisions of the contract or arrangement, and a copy of the contract or a description of the arrangement.

## Attachment D – Form 300

**Office of Community Services**  
Department of Labor and Industrial Relations

## FORM 300 - Cash Report

<b>1. MAILING ADDRESS:</b> RECIPIENT ORGANIZATION: Sample Organization 123 Smith Street, Honolulu, HI 96813		<b>2. FUNDING SOURCE:</b> GIA State	
<b>3. PROGRAM:</b> Sample Program		<b>4. CONTRACT NO.</b> OCS-CIP-17-01	<b>5. CONTRACT AMOUNT</b> \$120,000.00
<b>6. CONTRACT PERIOD</b> From: July 1, 2017 To: June 30, 2018		<b>7. PERIOD COVERED BY THIS REPORT, if FINAL, click box <input type="checkbox"/> FINAL REPORT</b>	
		From: July 1, 2017	To: September 30, 2017
<b>8. REQUEST FOR REIMBURSEMENT</b>  Amount Requested For This Period: (All supporting receipts/documents must be attached) <u>\$5,250.00</u>			
CERTIFICATION: I certify to the best of my knowledge and belief that this report and supporting documents are accurate and true, that all disbursements have been made for the purpose and conditions of the grant or agreement, and reflect the work done for this project.			
Authorized Signature		Sample Name Print Name	10/15/2017 Date Report Submitted

## OFFICE OF COMMUNITY SERVICES USE ONLY

## APPROVAL FOR PAYMENT

I certify satisfactory receipt of goods/services listed in this invoice/form.

_____ Signature - Program Specialist	_____ Date
_____ Signature - Fiscal Section	_____ Date
_____ Signature - Executive Director	_____ Date

OCS FORM 300 / Revised 05/2017

INTERNAL USE ONLY

## Attachment E – Form 310

**Office of Community Services**  
Department of Labor and Industrial Relations

## FORM 310 - CIP Expenditure Report

<b>1. RECIPIENT ORGANIZATION:</b> Sample Organization		<b>2. FUNDING SOURCE:</b> GIA		State	
<b>MAILING ADDRESS:</b> 123 Smith Street, Honolulu, HI 96813					
<b>3. PROGRAM:</b> Sample Program		<b>4. CONTRACT NO.:</b> OCS-CIP-17-01	<b>5. CONTRACT AMOUNT:</b> \$120,000.00		
<b>6. CONTRACT PERIOD</b> From: July 1, 2017 To: June 30, 2018		<b>7. PERIOD COVERED BY THIS REPORT</b> From: July 1, 2017 To: September 30, 2017			
				If FINAL, click box <input type="checkbox"/> FINAL REPORT	
<b>8. CATEGORIES</b>	<b>PROGRAM BUDGET</b>	<b>EXPENDITURES CURRENT PERIOD</b>	<b>EXPENDITURES YEAR TO DATE</b>	<b>VARIANCE VS. BUDGET*</b>	<b>% OF BUDGET EXPENDED*</b>
<b>A. PLAN</b>	<b>\$3,500.00</b>	<b>\$3,500.00</b>	<b>\$3,500.00</b>	<b>\$0.00</b>	<b>100.00%</b>
1 Category 1	\$2,000.00	\$2,000.00	\$2,000.00	\$0.00	100.00%
2 Category 2	\$1,500.00	\$1,500.00	\$1,500.00	\$0.00	100.00%
3		\$0.00	\$0.00	\$0.00	#DIV/0!
4		\$0.00	\$0.00	\$0.00	#DIV/0!
5		\$0.00	\$0.00	\$0.00	#DIV/0!
6		\$0.00	\$0.00	\$0.00	#DIV/0!
7		\$0.00	\$0.00	\$0.00	#DIV/0!
8		\$0.00	\$0.00	\$0.00	#DIV/0!
<b>B. DESIGN</b>	<b>\$2,850.00</b>	<b>\$1,750.00</b>	<b>\$1,750.00</b>	<b>\$1,100.00</b>	<b>61.40%</b>
1 Category 3	\$1,750.00	\$1,750.00	\$1,750.00	\$0.00	100.00%
2 Category 4	\$1,100.00	\$0.00	\$0.00	\$1,100.00	0.00%
3		\$0.00	\$0.00	\$0.00	#DIV/0!
4		\$0.00	\$0.00	\$0.00	#DIV/0!
5		\$0.00	\$0.00	\$0.00	#DIV/0!
6		\$0.00	\$0.00	\$0.00	#DIV/0!
7		\$0.00	\$0.00	\$0.00	#DIV/0!
8		\$0.00	\$0.00	\$0.00	#DIV/0!
9		\$0.00	\$0.00	\$0.00	#DIV/0!
<b>C. CONSTRUCTION</b>	<b>\$98,650.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$98,650.00</b>	<b>0.00%</b>
1 Category 5	\$35,000.00	\$0.00	\$0.00	\$35,000.00	0.00%
2 Category 6	\$10,830.00	\$0.00	\$0.00	\$10,830.00	0.00%
3 Category 7	\$9,285.00	\$0.00	\$0.00	\$9,285.00	0.00%
4 Category 8	\$28,753.00	\$0.00	\$0.00	\$28,753.00	0.00%
5 Category 9	\$14,782.00	\$0.00	\$0.00	\$14,782.00	0.00%
6		\$0.00	\$0.00	\$0.00	#DIV/0!
7		\$0.00	\$0.00	\$0.00	#DIV/0!
8		\$0.00	\$0.00	\$0.00	#DIV/0!
9		\$0.00	\$0.00	\$0.00	#DIV/0!
10		\$0.00	\$0.00	\$0.00	#DIV/0!
11		\$0.00	\$0.00	\$0.00	#DIV/0!
12		\$0.00	\$0.00	\$0.00	#DIV/0!
13		\$0.00	\$0.00	\$0.00	#DIV/0!
14		\$0.00	\$0.00	\$0.00	#DIV/0!
<b>D. EQUIPMENT</b>	<b>\$15,000.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$15,000.00</b>	<b>0.00%</b>
1 Category 10	\$15,000.00	\$0.00	\$0.00	\$15,000.00	0.00%
2		\$0.00	\$0.00	\$0.00	#DIV/0!
3		\$0.00	\$0.00	\$0.00	#DIV/0!
4		\$0.00	\$0.00	\$0.00	#DIV/0!
<b>E. LAND ACQUISITION</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>#DIV/0!</b>
1		\$0.00	\$0.00	\$0.00	#DIV/0!
2		\$0.00	\$0.00	\$0.00	#DIV/0!
3		\$0.00	\$0.00	\$0.00	#DIV/0!
<b>F TOTAL (Add line A+B+C+D+E = line F)</b>	<b>\$120,000.00</b>	<b>\$5,250.00</b>	<b>\$5,250.00</b>	<b>\$114,750.00</b>	<b>4.38%</b>

OCS FORM 310 / Revised 05/2017  
INTERNAL USE ONLY

Grant-In-Aid Program Progress Report  
Office of Community Services  
Department of Labor and Industrial Relations

OCS Grant In Aid Program Activity Status Report  
Created 03/17

### Request for Approval to Expend State Capital Improvement Project GIA Funds

Grantee:	Contract Number:
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Description	Dollar Amount
A. Projected Total Project Cost	
B. Amount Expended To-Date Funded by Other Donors (Provide details below)	
C. Remaining Balance (A – B)	
D. Projected State Funds Needed	

List Other Funding Sources	Amount Expended

As stipulated in the "Compensation and Payment Schedule" of the Contract between \_\_\_\_\_ and the State of Hawaii, "The CONTRACTOR recognizes that all of the matching funds will be collected from donors and expended toward the work before any sums in the State grant are expended. The CONTRACTOR shall submit to the STATE a notification and such supporting documentation as the STATE prescribes as being necessary and adequate to document that all of the matching funds have been received and expended on the work. At such time as the STATE determines that all promised matching funds have been duly collected and expended on the work, the STATE shall release such amounts of State funds as are necessary to expenditures already made by the CONTRACTOR, unless and only to the extent the STATE otherwise expressly agrees to make certain sums available as advances."

In accordance with the contract, we are notifying the State of Hawaii that the above project has utilized all other sources of funding in the amount of \$\_\_\_\_\_ from other various donors.

In order to proceed with the project, we are requesting to utilize State funds. I certify that the above statement is true to the best of my knowledge.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Created June 2017